FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S98936 (5)

TUCKER & TIGHE, P.A.

FILED Mar 12 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Add	lress	
	BROWARD BLVD.	
SUITE 505 SUITE 505 FT. LAUDERDALE FL 33301 FT. LAUDEI	RDALE FL 33301	DO NOT WRITE IN THIS SPACE
The Endpendage of South	TORLE PE 00001	3. Date Incorporated or Qualified
		12/09/1991
2. Principal Place of Business 2a. Mailing /	Address	4. FEI Number Applied For
21		65-0299586 Not Applicable
Suite, Apt. #, etc. Suite, Ap	ot. #, etc.	5. Certificate of Status Desired S8.75 Additional
22 27	· · · · · · · · · · · · · · · · · · ·	Fee Hequired
City & State City & St	rate	6. Election Campaign Financing \$5.00 May Be
	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24 25 29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Age		10. Name and Address of New Registered Agent
TIGHE, THOMAS J.	81 Name	
800 EAST BROWARD BLVD.	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
SUITE 505	OZ SIPELAL	odiess (F.O. Dox Number is Not Acceptable)
FT. LAUDERDALE FL 33301	83	
	84 City	85 Zip Code
		FL " '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508.	lorida Statutes, the above-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section	607.0505, Florida Statutes.	Ration's poard of difectors, it nereby accept the appointment as registered
SIGNATURE		
Signature, typod or printed name of registered agent and title if applicable		·
12. OFFICERS AND DIRECTORS	DELETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME TUCKER, MORRIS C.	1.2 NAME	C cushings C various:
COO F. BROWNER THAT	1.2 NAME 1.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	1.4 CITY-ST-ZIP	
0111 01 211	DELETE 2.1 TIFLE	Change Addition
NAME TIGHE, THOMAS J.	2.2 NAME	
STREET ADDRESS 800 E. BROWARD BLVD.	2.3 STREET ADORESS	
CITY-ST-ZIP FT. LAUDERDALE FL	2 4 CITY-ST-ZIP	
	DELETE 3.1 TIFLE	Change Addition
NAME	3.2 NAME	• •
STREET ADDRESS	3.3 STREET ADDRESS	1
CITY-ST-ZIP	3 4. CHTY-ST-ZIP	
	DELEFE 4.1 TITLE	Change Addition
NAME	4. 2 NAME	j
STREET ADDRESS	4.3 STREET ADDRESS	i
CFTY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	DELETE 5.1 THILE	Change Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CIFY-ST-ZIP	5.4 CITY-ST-ZIP	
THTLE	DELETE 61 TITLE	Change Addition
NAME		
	6.2 NAME	1
STREET ADDRESS	6.2 NAME 6.3 Street Adoress	

Interest, certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j). Florida Statutes. I further certify that the information indicated on this annual report or supplied entering its true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Thomas J. Tighe

SIGNATURE: